

*Shaping the Future of EMS
in California*

Vision Working Group D

System Evaluation and Improvement

LOCAL EMS AGENCY ASSESSMENT GUIDELINES

*An Assessment Tool for Evaluating
Local EMS Agencies
and their
Local EMS Systems*

Draft #11

April 2002

Acknowledgments

SYSTEM EVALUATION AND IMPROVEMENT WORK GROUP

MEMBER

Steve Andriese (*GroupLead*)
Ed Armitage
Bob Eisenman
Ardith Hamilton
Nancy Justin

Larry Karsteadt
Michael Kassis
Kurt Latipow
Deidre Myles
Cathy Ord
Al Rush
Angelo Salvucci, M.D.
Jim Schneider (*Subgroup 1 Lead*)
Bonnie Sinz (*Subgroup 3 Lead*)
Craig Stroup (*Subgroup 2 Lead*)
Lawson Stuart
Roger Trent, Ph.D.
Mike Vega

AGENCY

Mountain-Valley EMS Agency
State EMS Authority
Kaiser Permanente
Marin County EMS Agency
San Ramon Valley Fire
Protection District
North Coast EMS Agency
OSHDP
Stanislaus Consolidated Fire
LA County Fire Dept.
Long Beach Fire Dept.

Santa Barbara EMS Agency
Monterey County EMS Agency
State EMSA
Mountain-Valley EMS Agency
Northern Calif. Training Institute
Department of Health Services
California Highway Patrol

REPRESENTING

Work Group Lead
EMS Authority
Managed Care
California State Assn. Of Counties
Emergency Nurses Assn.

EMSAAC
OSHDP
League of California Cities
Calif. State Firefighters Assn.
Calif. Fire Chiefs Assn.
Calif. Professional Firefighters
EMDAC
Data Base Mgmt. Consultant
State EMSA
Grant Coordinator
Calif. Ambulance Assn.
Dept. of Health Services
California Highway Patrol

ALTERNATE

Barbara Brodfuehrer
Ken Carter
Reggie Chappelle
Gary Hinshaw
Charla Jensen
Ray Navarro

David Nevins
Bob O'Brien
Karl Sporer, M.D.
Tella Williams

AGENCY

Ventura County EMS Agency

California Highway Patrol
Modesto Fire Dept.
State EMS Authority
Beverly Hills Fire

California Ambulance Assn.
Fremont Fire Dept.
San Mateo County EMS
OSHDP

REPRESENTING

EMSAAC
California Professional Firefighters
California Highway Patrol
League of California Cities
State EMS Authority
Calif. Fire Chiefs Assn. & Calif. State
Firefighters Assn.
California Ambulance Assn.
Calif. Fire Chiefs Assn.
EMDAC
OSHDP

NON-MEMBER PARTICIPANTS

Richard Watson
Miranda Swanson
Roberta Bonnet
Michael Frenn
Kim Kirkpatrick
Stew McGehee

State EMS Authority
State EMS Authority
Contra Costa County EMS Agency
Solano EMS Cooperative
California State Fire Marshals Office
San Jose Fire Department

TABLE OF CONTENTS

INTRODUCTION

CHAPTER 1 - LEMSA Assessment Methodology

- 1.1 Assessment Scheduling
- 1.2 Assessment Fees
- 1.3 Assessment Methodology Overview
- 1.4 LEMSA Responsibilities
- 1.5 State EMS Authority Responsibilities
- 1.6 Assessment Panel Membership
- 1.7 Assessment Panel Responsibilities
- 1.8 Assessment Workshop Proceedings

CHAPTER 2 - LEMSA Assessment Tools

- 2.1 Purpose of Assessment Tools
- 2.2 LEMSA Staff Survey
- 2.3 Constituency Group Survey
- 2.4 Consumer / Public Survey
- 2.5 LEMSA Organizational / Financial Appraisal
- 2.6 EMS System/Plan Appraisal
- 2.7 LEMSA Assessment Recommended Timetable

CHAPTER 3 - LEMSA Assessment Reports

- 3.1 Preliminary Local EMS Agency Assessment Summary
- 3.2 Final Local EMS Agency Assessment Report
- 3.3 Local EMS Agency Organizational / Financial Appraisal Summary

CHAPTER 4 – Periodic LEMSA Self-Assessments

- 4.1 Self-Assessment Overview
- 4.2 Self-Assessment Process
- 4.3 Reporting
- 4.4 Improvement

APPENDIX:

- A. LEMSA Staff Survey
- B. Constituency Group Survey
- C. Consumer/Public Survey
- D. Financial / Organizational Appraisal
- E. EMS System / Plan Appraisal

- F. Sample Preliminary Report
- G. Sample Final Report

Introduction

Effective Continuous Quality Improvement (CQI) of EMS services in California has been a long-term goal of the EMS Authority, local EMS agencies, and many providers of EMS services within the state. However, much of the early focus of CQI efforts has been aimed solely at the performance of EMS service providers. While this component of EMS system evaluation is obviously very important, a comprehensive EMS CQI program must include evaluation and ongoing improvement within all components of the EMS system, not just the medical care provided in the field and designated receiving facilities. To this end, guidelines have been, or are being developed that include evaluation and improvement of the services provided by the state's EMS administrative agencies. The evaluation would include the State EMS Authority and local EMS agencies, to ensure that planning, implementation, and monitoring functions are being performed efficiently and effectively. These guidelines are not intended to be used punitively, but instead to identify where administrative agencies are in their quest for quality improvement, and to assist them in continually raising their performance levels by providing a standardized measurement tool to monitor progress.

The Local EMS Agency Assessment Guidelines are based upon the Baldrige Categories Applied to EMS as identified by the National Highway Traffic Safety Administration (NHTSA) in their publication, *A Leadership Guide to Quality Improvement for EMS Systems*. The guidelines focus on the evaluation and improvement specific to local EMS agencies (LEMSAs) in California and the EMS systems that they oversee. They are intended to provide a standardized method for LEMSA evaluation so performance can be compared and contrasted with counterparts in each of the following areas:

- \$ Leadership
- \$ Information and Analysis
- \$ Strategic Quality Planning
- \$ Human Resource Development and Management
- \$ EMS Process Management
- \$ EMS System Results, and
- \$ Satisfaction of Patients and Other Stakeholders

The methods employed to evaluate LEMSAs' performance include self-surveys, and periodic evaluations by outside parties including the State EMS Authority, local stakeholders, and consumers.

Reports generated through this process will provide a report card for the LEMSA to utilize for comparative analysis against like reports from other LEMSAs in the state. It is anticipated that the LEMSAs will utilize these reports to identify areas in need of improvement for inclusion in their annual EMS Plan updates. It is also anticipated that the LEMSAs will utilize the evaluation instruments included in this document to conduct periodic self assessments to measure progress in their CQI efforts (See Chapter 4; *Periodic LEMSA Self Assessments*).

Like the entire EMS system, the process for evaluation of LEMSAs should be subject to continuous improvement. Evaluations of the assessment process should be conducted following each assessment and the processes revised, as needed, to ensure lessons learned are integrated into subsequent assessments. The *Local EMS Agency Assessment Guidelines* should be reviewed periodically by the State EMS Authority in conjunction with affected constituency groups, and revised as needed to ensure the processes contained in this document continue to serve as useful and effective quality improvement tools.

CHAPTER 1

LEMSA Assessment Methodology

1.1 Assessment Scheduling

Formal LEMSA assessments will be conducted on a voluntary basis, however, it is recommended that a comprehensive, formal review of each LEMSA should be conducted once every five years. The State EMS Authority will schedule assessments upon an invitation by the LEMSA or their governing board. Once scheduled, each LEMSA due for review will receive a written notice of the review date, six to nine months in advance of the evaluation. The assessment will include an evaluation of the current status of the local EMS system as determined through surveys and appraisals, and culminate in a one-to-two-day Assessment Workshop.

1.2 Assessment Fees

It is anticipated that a grant, or other funding source will be identified to cover some or all of the cost of the assessments. If the entire cost is not covered through outside funds, a fee to cover the residual cost shall be paid to the EMSA by the LEMSA. Payments by LEMSAs (if required), will be due three months prior to the assessment date. The State EMS Authority will develop a fee schedule for these assessments and update the fee schedule as needed.

1.3 Assessment Methodology Overview

LEMSA assessments will be based upon the analysis of the five evaluation tools listed in Table 1.3.

Evaluation Tool	Analysis Document Completed by:	How Often? ***	Collected by:	Analyzed by:	Analysis Category *
LEMSA Staff Survey	LEMSA employees	Every 5 Years ***	EMSA	Assessment Panel**	L, I, Q, H, P, R, S
Constituency Group Survey	Local Constituency Groups	Every 5 Years ***	EMSA	Assessment Panel**	L, I, Q, H, P, R, S
Consumer/Public Surveys	Local Consumers	Every 5 Years ***	EMSA	Assessment Panel**	S
Financial/ Organizational Appraisal	LEMSA	Annually	EMSA	Assessment Panel**	H, P
EMS System/ Plan Appraisal	LEMSA & Local System Participants	Every 5 Years ***	EMSA	Assessment Panel**	I, R,

* Analysis Categories

L Leadership
I Information and Analysis
Q Strategic Quality Planning
H Human Resource Development and Management
P EMS Process Management
R EMS System Results, and
S Satisfaction of Patients and Other Stakeholders

TABLE 1.3

** With input from the LEMSA being assessed

*** The five years listed in this table references how often these evaluation instruments will be utilized for an outside assessment. It is expected that LEMSAs will also utilize these instruments periodically for internal assessments of their agency/system performance

The results of the above surveys and appraisals will be reviewed in an Assessment Workshop conducted within the affected county or EMS region.

1.4 LEMSA Responsibilities

A. Three months prior to the Assessment Workshop the LEMSA will:

1. Pay assessment fee (if required).
2. Distribute an *EMS Agency Staff Survey* (or notice of how to complete the survey electronically) with due date, to all local EMS agency employees. Completed surveys will be sent directly from the survey recipients to the Authority.
3. Distribute an *EMS Constituency Group Survey* (or notice of how to complete the survey electronically) with due date, to all appropriate local EMS stakeholders. Completed surveys will be sent directly from the survey recipients to the Authority.
4. Distribute an *EMS Consumer/Public Survey* (or notice of how to complete the survey electronically) with due date, to a sampling of local citizens. Completed surveys will be sent directly from the survey recipients to the Authority.
5. Schedule and invite system stakeholders (through an appropriate existing committee {e.g. EMCC} or specially formed task force) to participate in *EMS System/Plan Appraisal*.

B. Two months prior to the Assessment Workshop the LEMSA will:

1. Submit to the Authority a *Local EMS Agency Financial/Organizational* questionnaire reflecting the most recently completed fiscal year.
2. Submit an *EMS System/Plan Appraisal* to the Authority completed with input from local EMS system participants.
3. Work with the Authority to schedule a date, time, and location for the Assessment Workshop, and distribute notification of the meeting at least six weeks in advance to local constituency groups.

1.5 State EMS Authority Responsibilities

A. General

1. Ensure the assessment processes are conducted in a fair, objective, non-threatening and non-punitive manner.
2. Establish an Assessment Schedule list the dates of future assessments.
3. Publish and make available the Assessment Schedule six to nine months prior to the beginning of the fiscal year to allow for local budgeting.
4. Following each Assessment Workshop, make available all completed *Final Local EMS Agency Assessment Reports* on the EMSA web-site.
5. Annually develop a summary report of all LEMSA *Local EMS Agency Financing* reports conducted over the past year, and make it available via the EMSA web-site.

B. Six months prior to the Assessment Workshop the Authority will:

1. Notify the LEMSA, in writing, of the approximate date of the Assessment Workshop.
2. Include with the written notification, a copy of all evaluation materials listed in Table 3.1 and a schedule of submission due dates for those documents.

(NOTE: Surveys utilized for assessments may be developed by the Authority as electronic, web-based documents, as long as a security mechanism exists to reasonably ensure surveys are completed by persons qualified to complete them, and that no one agency or individual can submit multiple surveys.)

C. Two months prior to the Assessment Workshop the Authority will:

1. Tabulate, in a standardized format, all surveys, questionnaires, and appraisals received, and generate a *Preliminary Local EMS Agency Assessment Summary* of results (see Attachment F).
2. Work with the LEMSA to schedule the Assessment Workshop date, time, and location, and arrange for local notification of the workshop.

D. Six weeks prior to an Assessment Workshop the Authority will:

1. Identify Assessment Panel members.
2. Ensure all Assessment Panel members have received orientation training.
3. Submit a copy of the *Preliminary Local EMS Agency Assessment Summary* to each

Assessment Panel Member, and the local EMS agency, for review.

1.6 Assessment Panel Membership

- A. The Assessment Panel will be made up of a minimum of five members not directly affiliated with the local EMS system being assessed. They should include an:
 - 1. EMS Authority Representative trained in the principles of CQI (this representative will serve as the Panel Lead),
 - 2. EMS Agency Administrator,
 - 3. EMS Agency Medical Director or Emergency Physician,
 - 4. Fire Chiefs Association Member,
 - 5. California Ambulance Association Member,
- B. To ensure fairness of the assessment process, Assessment Panel members should not discuss the assessment with any non-EMS agency system participants prior to the events scheduled in conjunction with the Assessment Workshop. The entire evaluation should be based upon the survey input from the LEMSA, and appraisal information submitted and testimony shared at the workshop. To help ensure local system participants do not lobby panel members, the EMS Authority should not release the names of the panel members until the workshop is held.
- C. The State EMSA shall develop a reimbursement schedule for panel member time and travel expenses.

1.7 Assessment Panel Responsibilities

- A. Complete orientation to include, at a minimum, review of the *Local EMS Agency Assessment Guidelines*, and NHTSA's, *A Leadership Guide to Quality Improvement for EMS Systems*, to familiarize themselves with the assessment process.
- B. One month prior to an Assessment Workshop, the Assessment Panel will:
 - 1. Meet, in person or via conference call with LEMSA administration, to evaluate the *Preliminary Local EMS Agency Assessment Summary* and, based upon that evaluation, identify the three to five most significant areas in need of attention.
 - 2. The Assessment Panel lead will prepare an agenda for the Assessment Workshop to include review of the three to five most significant areas in need of attention, as well as areas of agency/system strengths, and submit that agenda to the local EMS agency for local distribution.
 - 3. Depending on the complexity of the subject matter to be discussed, and the relative size

of the local EMS system, the panel may wish to consider a two-day workshop.

- C. The evening prior to the Assessment Workshop, the panel members will meet with representatives from the LEMSA to discuss the “The Preliminary Local EMS Agency Assessment Summary,” and the Assessment Workshop schedule.
- D. Conduct the Assessment Workshop

1.8 Assessment Workshop Proceedings

The Assessment Panel will establish the format and duration of the Assessment Workshop, with the following guidelines in mind:

- A. A positive environment of system improvement should be stressed. While attendees should be given the opportunity to voice system concerns, the focus of the workshop should always be positively directed.
- B. Proceedings should be conducted in a fair, non-threatening and non-punitive manner.
- C. Based upon the panel’s evaluation of the *Preliminary Local EMS Agency Assessment Summary Report* and testimony heard at the Assessment Workshop, the panel will develop a *Final Local EMS Agency Assessment Report*. The EMS Authority shall develop the format for the *Final Local EMS Agency Assessment Report* which will insure that potentially sensitive data is appropriately blinded.
- D. An evaluation of the assessment process should be conducted following the workshop and suggested improvements integrated into subsequent assessments when appropriate.
- E. If major system issues are identified through the LEMSA/Local system assessment process, the panel may recommend that a re-assessment of the specifically involved areas be conducted sooner than the recommended five year cycle.

CHAPTER 2

LEMSA Assessment Tools

2.1 Purpose of Assessment Tools

The purpose of the Assessment Tools is to provide a mechanism for the Assessment Panel to evaluate the LEMSA in the following areas:

1. Leadership
2. Information and Analysis
3. Strategic Quality Planning
4. Human Resource Development and Management
5. EMS Process Management
6. EMS System Results, and
7. Satisfaction of Patients and Other Stakeholders

2.2 LEMSA Staff Survey

The *LEMSA Staff Survey* (see Attachment A) is intended to provide the panel with an EMS agency staff perspective on the current status of all seven evaluation areas listed in Section 2.1.

All staff of the EMS agency, including the agency director or administrator, should complete the entire survey. Surveys will be completed anonymously and sent directly to the EMS Authority for tabulation at least two months prior to the Assessment Workshop.

2.3 Constituency Group Survey

The *Constituency Group Survey* (see Attachment B) is intended to provide the panel with medical/health service provider and local government perspectives on the current status of all seven evaluation areas listed in Section 2.1. The survey (or direction of how to complete the survey electronically) should be distributed by the LEMSA being assessed, at least three months prior to the Assessment Workshop, to local:

- \$ Governing Boards
- \$ County Administrative Officers
- \$ Health Departments
- \$ Law Enforcement Agencies
- \$ Dispatch Centers
- \$ First Response Agencies

- \$ Ambulance Service Providers
- \$ Emergency Departments
- \$ Hospital Administration
- \$ Local Physician Groups

Completed surveys will be sent directly to the EMS Authority at least two months prior to the Assessment Workshop for tabulation.

2.4 Consumer/Public Survey

The *Consumer/Public Survey* (see Attachment C) will be used by the assessment panel to obtain a reading of public perception. **This survey is in no way designed, nor intended to be a scientifically accurate evaluation tool for measuring customer satisfaction.** It is simply intended to provide the panel with a 'snapshot assessment' of the public's impression of the local EMS system.

The survey should be distributed by the LEMSA being assessed at least three months prior to the Assessment Workshop. Completed surveys will be sent directly to the EMS Authority at least two months prior to the Assessment Workshop for tabulation.

2.5 LEMSA Organizational / Financial Appraisal

The purpose of the *LEMSA Organizational / Financial Appraisal* (see Attachment D) is two-fold. First, it is to serve as an assessment tool to provide the panel with basic organizational and financial information about the LEMSA, including, but not limited to: agency responsibilities, staffing levels, per capita revenues and costs, fees schedules for certification, accreditation, etc. Second, it will serve as an annual reference document for LEMSA planning and budgeting. **The *LEMSA Financial Appraisal* is not, nor should be construed to be, a financial audit of the LEMSA. The average assessment panel members will have neither the qualifications nor the expertise to conduct a financial audit of the organization.**

The *Appraisal* is to be completed by the LEMSA and submitted to the EMS Authority two months prior to the Assessment Workshop. It shall reflect actual budget expenditures for the most recently completed fiscal year. This appraisal will be used to assess the *Human Resource Development and Management* and *EMS Process Management* Baldrige categories (Section 2.1 {4,5}).

This appraisal is also designed to be a useful tool for comparative analysis for all LEMSAs in the state in the preparation of annual budgets and fee schedules. In order to establish a baseline for financial appraisals, all LEMSAs in the state will complete an initial *LEMSA Financial Appraisal* and submit it to the EMS Authority by December 15, 2002. The Authority will publish, on their web-site, a summary of all LEMSA Financial Appraisals completed that year by March, 15, 2003, and then annually thereafter.

2.6 EMS System/Plan Appraisal

The *EMS System/Plan Appraisal* (see Attachment E) is to be completed by the LEMSA with input from local EMS system participants, and submitted to the EMS Authority two months prior to the Assessment Workshop. This appraisal will be used to assess the *Information and Analysis* and *EMS System Results* Baldrige categories (Section 2.1 {2,6}).

System participant input may be accomplished by completing the appraisal with the local EMCC or other local advisory body, or through a special EMS community forum convened specifically to complete the appraisal.

Completed appraisals will be sent by the LEMSA to the EMS Authority at least two months prior to the Assessment Workshop for tabulation.

LEMSA Assessment
Recommended Time Table

ACTIVITY	Responsible Party	Time in Relation to the Workshop Date					
		ANNUALLY	- 6MONTHS	- 3 MONTHS	- 1-2 MONTHS	WORKSHOP DATE	+1 WEEK
Complete LEMSA Financial Appraisal	LEMSA	By November 15					
Complete a LEMSA Financial Appraisal Summary Report	EMSA	By February 15					
Publish an Assessment Schedule	EMSA	X					
Notify LEMSA of Assessment	EMSA		X				
Send LEMSA Evaluation Materials	EMSA		X				
Tabulate Surveys into <i>Preliminary LEMSA Assessment Summary</i>	EMSA				X		
Schedule Assessment	EMSA &LEMSA				X		
Select Assessment Panel & Provide Preliminary Summary to Members	EMSA				- Six Weeks		
Pay Assessment Fee	LEMSA			X			
Distribute Surveys	LEMSA			X			
Complete and Submit <i>EMS System Appraisal</i>	LEMSA				X		
Evaluate &Identify 3-5 most Significant Issues	Panel				- One Month		
Conduct Assessment Workshop	Panel					X	
Complete Final LEMSA Assessment Report	Panel						X

CHAPTER 3

LEMSA Assessment Reports

3.1 Preliminary Local EMS Agency Assessment Summary Form

The *Preliminary Local EMS Agency Assessment Summary Form* will be developed by State EMS Authority staff based upon the initial survey results. The Assessment panel will utilize this form to identify areas of strengths and potential areas of improvement for further discussion during the Assessment Workshop. (See *Sample Preliminary Report* in Appendix F)

NOTE: The Preliminary Local EMS Agency Assessment Summary Form will be developed following the first field test of the assessment instruments.

3.2 Final Local EMS Agency Assessment Report Form

The *Final Local EMS Agency Assessment Report Form* will be developed by the Assessment Panel based upon the initial survey results and results of the Assessment Workshop. This will serve as the final findings of the Assessment Panel. (See *Sample Final Report* in Appendix G)

NOTE: The Final Local EMS Agency Assessment Report Form will be developed following the first field test of the assessment instruments.

3.3 Local EMS Agency Organizational / Financial Appraisal

The *Local EMS Agency Organizational / Financial Appraisal* will be completed annually by all LEMSAs in the state and posted on the EMS Authority web-site by March 15 of each year.

An example of the *Local EMS Agency Organizational / Financial Appraisal* can be found in Appendix D.

CHAPTER 4

Periodic LEMSA Self-Assessment

4.1 Self-Assessment Overview

Thus far, the focus of this document has been aimed primarily at the periodic outside assessment of LEMSAs. While an independent, outside evaluation every five years will assist a local EMS agency in comparing their performance with other LEMSAs in the state, it should not serve as the only evaluation of LEMSA performance. It is recommended that the assessment tools presented in this document be utilized on a regular basis by LEMSAs as part of a routine self assessment and improvement process.

4.2 Self-Assessment Process

It is recommended that the surveys and appraisal tools listed in Table 1.3 be utilized on a periodic basis to establish a performance baseline prior to the formal LEMSA Assessment, and thereafter as a mechanism to measure progress in achieving the recommended improvements identified through the formal assessment process. The specific way those assessment tools are utilized should be determined by the LEMSA based upon the specific areas, or components of the system targeted for improvement.

4.3 Reporting

It is recommended that a report be developed by each LEMSA in the state and distributed to the agency's governing board(s), advisory bodies, and constituency groups outlining the results of the periodic self-evaluations. These reports should be formatted as closely as possible to the *Final Local EMS Agency Assessment Report Form* (see Section 3.2) and contain an evaluation of all seven *Baldrige Categories* of excellence (see Section 2.1). Beginning the second year of the self-evaluations, these reports should include a comparison of results from the previous reporting period to changes and trends in performance.

4.4 Improvement

In addition to a local EMS system quality improvement program, LEMSAs should have an internal continuous quality improvement (CQI) system which focuses upon their own agency's performance. LEMSA's should utilized periodic self-assessments and formal outside assessments to evaluate and prioritize areas in need of improvement, develop and implement strategies improvement, and measure the effectiveness of those improvement strategies by means of the next periodic self assessment. LEMSAs are encouraged to measure their performance against other LEMSAs of similar size and establish performance benchmarks based upon identified best practices.

APPENDIX

- A. LEMSA Staff Survey
- B. Constituency Group Survey
- C. Consumer/Public Survey
- D. Financial / Organizational Appraisal
- E. EMS System / Plan Appraisal
- F. Sample Preliminary Report
- G. Sample Final Report

System Evaluation and Improvement
Vision Group

Appendix A

***LOCAL EMS AGENCY
STAFF SURVEY***

January 2002

INSTRUCTIONS

As part of the Local EMS Agency Assessment Process, the EMS Agency is conducting a survey to identify areas of concern that employees may have. **The survey should be completed by all EMS Agency staff and management personnel.**

The survey is divided into seven components.

Leadership
Information and Analysis
Strategic Planning
Human Resource Development and Management
EMS Process Management
EMS System Results
Customer Satisfaction

This survey consists of a series of statements about which you are asked to indicate the extent to which you agree or disagree with each statement. Each statement is followed by a series of numbers ranging from 5 - 1. Following is an explanation of the ranking:

5	Strongly Agree
4	Agree
3	Neutral
2	Disagree
1	Strongly Disagree
DK	Don't Know

Please answer each statement by entering the appropriate number that reflects the extent to which you agree with the statement. For example, if you neither agree nor disagree with a statement, or only partly agree or disagree with it, you should enter a 3 (neutral). If you do not know the answer or it does not apply to you, then enter a DK (don't know). There are no right or wrong answers.

To fully complete the survey, you will need to:

(GIVE INSTRUCTIONS ON HOW TO ACCESS THE EMSA WEB SITE AND COMPLETE SURVEY.
INSTRUCTIONS WILL INCLUDE A PASSWORD TO ENSURE THAT ONLY AGENCY
EMPLOYEES COMPLETE THE SURVEY)

Please answer all questions as honestly as you can. Your individual answers will be kept confidential.

Once all staff has completed the survey, your answers will be added to those of your coworkers, and summarized before the results are shared with all employees.

NOTE: For the purposes of this survey:

“**Customers**” include local EMS providers, certifying personnel, other local government agencies, the public, etc.

“**Staff**” means all Local EMS Agency [non-management] employees.

“**Management**” means administrative personnel within the EMS Agency.

EMS Agency Staff Survey

LEADERSHIP		Agree -----Disagree					
1.	This EMS agency is open to new ideas and suggestions for improvement.	5	4	3	2	1	DK
2.	This EMS agency continually emphasizes excellence in all we do.	5	4	3	2	1	DK
3.	This EMS agency provides strong leadership for its staff.	5	4	3	2	1	DK
4.	This agency provides the support I need to do my job effectively.	5	4	3	2	1	DK
5.	This EMS agency provides strong leadership within the EMS community.	5	4	3	2	1	DK
6.	This EMS agency has clearly defined mission, vision, and value statements which serve as the basis for all agency activities.	5	4	3	2	1	DK
7.	This EMS agency regularly reviews, articulates and personally demonstrates (i.e., walks the talk) the agency's vision, mission and values among agency staff and to the EMS community.	5	4	3	2	1	DK
8.	This agency is proactive in resolving problems rather than being reactive to them.	5	4	3	2	1	DK
9.	The EMS agency's expectations of my duties and responsibilities are clearly defined and understood by all agency staff.	5	4	3	2	1	DK
10.	This EMS agency adequately includes agency staff and customers when developing EMS agency plans, goals and evaluation measures.	5	4	3	2	1	DK
11.	EMS agency staff and management seek out and value my opinion on issues within my area of expertise.	5	4	3	2	1	DK
12.	I don't feel I am restricted to telling agency staff and management just what they want to hear.	5	4	3	2	1	DK
13.	This EMS agency effectively deals with political pressures that, if not properly addressed, might have a negative impact on system effectiveness and patient care.	5	4	3	2	1	DK
14.	This EMS agency promotes, by example, ongoing interaction with agency customers (e.g., EMS service providers, field personnel, public organizations, etc.)	5	4	3	2	1	DK
INFORMATION AND ANALYSIS		Agree -----Disagree					
15.	This EMS agency continuously analyzes pre-hospital data to assure continuous quality improvement of patient care.	5	4	3	2	1	DK
16.	This EMS agency takes a proactive approach to communication with the local EMS community (i.e., it does not merely 'react' to situations or problems).	5	4	3	2	1	DK
17.	I am kept aware by management of critical information necessary for me to perform my role with this EMS agency.	5	4	3	2	1	DK

18.	Effective, efficient, and accessible mechanisms are used to share system information with the local EMS community (e.g., Web-sites, newsletters, list servers, bulletin boards, etc.)	5	4	3	2	1	DK
19.	I have easy access to all reference documents necessary to perform my job effectively.	5	4	3	2	1	DK
20.	I have easy access to, and am encouraged by management to routinely communicate with my counterparts at other EMS agencies for the purpose of improving the EMS system.	5	4	3	2	1	DK
STRATEGIC PLANNING			Agree -----Disagree				
21.	The development of this EMS agency's EMS Plan, and the annual updates to that plan, includes active involvement and buy-in of EMS system participants.	5	4	3	2	1	DK
22.	The EMS Plan guides EMS agency activities and priorities.	5	4	3	2	1	DK
23.	This EMS agency regularly evaluates progress in reaching the annual goals and objectives of the EMS Plan with agency staff and EMS system participants.	5	4	3	2	1	DK
HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT			Agree -----Disagree				
24.	This EMS agency provides a thorough orientation for new employees.	5	4	3	2	1	DK
25.	There is a concerted effort made by this EMS agency to increase the level of employee knowledge and skills through ongoing training, seminars, workshops, etc.	5	4	3	2	1	DK
26.	I am given ample opportunities to provide feedback to management on EMS system, as well as internal agency issues.	5	4	3	2	1	DK
27.	I receive a formal review of my performance at least once a year.	5	4	3	2	1	DK
28.	My formal review is conducted in a way that helps me improve my performance.	5	4	3	2	1	DK
29.	Management provides me with the equipment and supplies I need to do a good job.	5	4	3	2	1	DK
EMS PROCESS MANAGEMENT			Agree -----Disagree				
30.	The critical information about how processes work within the office are clearly documented in writing.	5	4	3	2	1	DK
31.	EMS agency processes are routinely evaluated and revised to better meet customer needs.	5	4	3	2	1	DK
32.	The design of new services and processes is based on customer expectations and priorities	5	4	3	2	1	DK
33.	The EMS agency uses comparative information from other departments and agencies to identify where improvements are needed (e.g., benchmark information from innovative reports, and other EMS system programs)	5	4	3	2	1	DK

EMS SYSTEM RESULTS

Agree -----Disagree

34.	Objective measures are used at least quarterly to evaluate and report the quality of patient care provided by the local EMS system.	5	4	3	2	1	DK
35.	All of this EMS agency's EMS Providers conduct continuous quality improvement (CQI) efforts.	5	4	3	2	1	DK
36.	Objective measures are used to periodically evaluate and report the performance of this EMS agency.	5	4	3	2	1	DK
37.	This EMS agency creates automated reports that are used with our customers at least quarterly to review, and if possible, improve the quality of the EMS system.	5	4	3	2	1	DK
38.	Automated reports developed by this EMS agency are concise, effective, and easily used.	5	4	3	2	1	DK
39.	EMS system performance data reports include comparisons to other EMS systems (i.e., benchmarked to best standards)	5	4	3	2	1	DK
40.	This EMS agency is effective in moving from planning to implementation of projects.	5	4	3	2	1	DK

CUSTOMER SATISFACTION:

Agree -----Disagree

41.	This EMS agency has achieved high customer satisfaction.	5	4	3	2	1	DK
42.	This EMS agency has effective methods in place to routinely identify the current needs and expectations of customers.	5	4	3	2	1	DK
43.	This EMS agency has effective mechanisms in place to facilitate the ease of daily customer contact, (e.g., office open during lunch, 1-800 #s, pagers for customer contact of personnel, web-sites, etc.)	5	4	3	2	1	DK
44.	This EMS agency responds quickly and effectively to problems brought to our attention.	5	4	3	2	1	DK
45.	Customers can depend on this EMS Agency to meet deadlines and fulfill commitments.	5	4	3	2	1	DK
46.	When customers submit legitimate complaints regarding this EMS agency, it makes constructive efforts to quickly make improvements that resolve the complaint to the customer's satisfaction.	5	4	3	2	1	DK

SUGGESTED IMPROVEMENTS:

47. Please list suggestions for EMS Agency improvement.

48. How would you improve this survey questionnaire?

EMS Agency Staff Survey

Report

The following shows the format of the *EMS Agency Staff Survey Report*, as it would appear in the final report. Unlike the *Constituency Group Survey Report*, the data from this survey will not be made available to the local EMS agency to run further queries since some EMS Agencies have so few personnel that manipulation of the data could possibly allow for the identification of individual staff responses.

LEADERSHIP							Agency Avg.	State Avg.	
Agree -----Disagree								7LEMSAS	
1.	The EMS Agency is open to new ideas and suggestions for improvement.	5 (7)	4 (27)	3 (18)	2 (10)	1 (2)	DK (0)	3.42	3.01
2.	The EMS Agency provides strong leadership within the EMS community.	5 (0)	4 (2)	3 (17)	2 (27)	1 (18)	DK (0)	2.33	3.24
3.	The EMS Agency has clearly defined mission, vision, and value statements, which serve as the basis for all agency activities.	5 (0)	4 (35)	3 (22)	2 (10)	1 (7)	DK (0)	3.64	2.56

(EXAMPLE REPORT)

System Evaluation and Improvement
Vision Group

Appendix B

***LOCAL EMS AGENCY
CONSTITUENCY GROUP SURVEY***

January 2002

INSTRUCTIONS

As part of the Local EMS Agency Assessment Process, the EMS Agency is conducting a survey to help identify areas of concern that local EMS service providers and other local constituency groups may have. **The survey should be completed by “customers” of the local EMS agency, including staff and management of:**

- \$ Local Governing Boards
- \$ County Administrative Officers
- \$ Health Departments
- \$ Law Enforcement Agencies
- \$ Dispatch Centers
- \$ Fire Departments
- \$ Private Ambulance Service Providers
- \$ Emergency Departments
- \$ Hospital Administration
- \$ Local Physician Groups

The survey is divided into seven components.

Leadership
Information and Analysis
Strategic Planning
Human Resource Development and Management
EMS Process Management
EMS System Results
Customer Satisfaction

This survey consists of a series of statements about which you are asked to indicate the extent to which you agree or disagree with each statement. Each statement is followed by a series of numbers ranging from 5 - 1. Following is an explanation of the ranking:

5	Strongly Agree
4	Agree
3	Neutral
2	Disagree
1	Strongly Disagree
DK	Don't Know / Does Not Apply

Please answer each statement by entering the appropriate number that reflects the extent to which you, the customer, agree with the statement. For example, if you neither agree nor disagree with a statement, or only partly agree or disagree with it, you should enter a 3 (neutral). **If you just don't know the answer, or it does not apply to you, then enter a DK (don't know).** There are no right or wrong answers.

To fully complete the survey, you will need to:

(GIVE INSTRUCTIONS ON HOW TO ACCESS THE EMSA WEB SITE AND COMPLETE SURVEY. INSTRUCTIONS WILL INCLUDE A PASSWORD TO ENSURE THAT ONLY AGENCY EMPLOYEES COMPLETE THE SURVEY)

Please answer all questions as honestly as you can. Your individual answers will be kept confidential.

California Local EMS Agency Constituency Group Survey

(Auto Date)

Please provide the following information prior to completing the survey:

A. Name of EMS Agency being assessed: _____ (Pull down Menu) _____ EMS Agency

1.a. For multi-county EMS agencies a second pull-down menu listing the countries will appear. **Please identify the county in which you work:**

B. Please identify the type of organization you work for and your position title:

(Pull down Menu A)

\$ Local Governing Board
\$ County Administrative Office
\$ Health Department
\$ Law Enforcement Agency
\$ Dispatch Center
\$ Fire Departments
\$ Private Ambulance Service Provider
\$ Emergency Department
\$ Hospital Administration
\$ Local Physician Group
\$ Other _____

(Pull down Menu B)

Administrator / management
Physician
RN /MICN
Paramedic
EMT / First Responder
EMD
Other _____

C. How often would you say you interact with the local EMS agency?

Very Often _____

Occasionally _____

Very Seldom _____

LEADERSHIP

Agree -----Disagree

1.	EMS Agency staff is open to new ideas and suggestions for improvement.	5	4	3	2	1	DK
2.	The EMS Agency provides strong leadership within the EMS community.	5	4	3	2	1	DK
3.	The EMS agency has clearly defined mission, vision, and value statements, which serve as the basis for all agency activities.	5	4	3	2	1	DK
4.	EMS Agency staff regularly reviews, articulates and personally demonstrates (i.e., walks the talk) the agency's vision, mission and values to the EMS community.	5	4	3	2	1	DK

5.	EMS Agency is proactive in resolving problems rather than being reactive to them.	5	4	3	2	1	DK
6.	The EMS Agency adequately includes customers when developing EMS agency plans, goals and evaluation measures.	5	4	3	2	1	DK
7.	EMS Agency staff seeks out and values my opinion on issues within my area of expertise.	5	4	3	2	1	DK
8.	The EMS Agency is well respected for its leadership in the EMS community.	5	4	3	2	1	DK
9.	The EMS Agency effectively deals with political pressures that, if not properly addressed, might have a negative impact on system effectiveness and patient care.	5	4	3	2	1	DK
10.	EMS Agency staff promotes ongoing interaction with agency customers (e.g., EMS service providers, field personnel, public organizations, etc.)	5	4	3	2	1	DK

INFORMATION AND ANALYSIS

Agree -----Disagree

11.	The EMS Agency keeps me aware of critical information necessary for me to perform my job.	5	4	3	2	1	DK
12.	The EMS Agency utilizes effective, efficient, and accessible mechanisms to share system information with the local EMS community (e.g., Web-sites, newsletters, list servers, bulletin boards, etc.)	5	4	3	2	1	DK
13.	I have easy access to all EMS agency reference documents necessary to perform my job effectively.	5	4	3	2	1	DK
14.	The EMS Agency provides adequate data reports and feedback on EMS system performance	5	4	3	2	1	DK
15.	The EMS Agency reports sensitive data in a responsible way.						

STRATEGIC PLANNING

Agree -----Disagree

16.	The development of the EMS Agency's EMS Plan, and the annual updates to that plan, includes active involvement and buy-in of EMS system participants.	5	4	3	2	1	DK
17.	The EMS Plan guides EMS agency activities and priorities.	5	4	3	2	1	DK
18.	The EMS agency regularly evaluates progress in reaching the annual goals and objectives of the EMS Plan with EMS system participants.	5	4	3	2	1	DK

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

Agree -----Disagree

19.	EMS Agency sponsored meetings, planning workshops, etc, are usually well organized and effective.	5	4	3	2	1	DK
20.	The EMS Agency ensures there are adequate training and continuing education classes offered.	5	4	3	2	1	DK
21.	EMS Agency sponsored events (e.g. training classes, workshops, etc) are well organized and effective.	5	4	3	2	1	DK

EMS PROCESS MANAGEMENT

Agree -----Disagree

22.	EMS Agency processes (certification, accreditation, training, etc.) are routinely evaluated and revised to better meet customer needs.	5	4	3	2	1	DK
23.	EMS Agency staff are well informed, well trained, and are considered experts in their assigned areas.	5	4	3	2	1	DK
24.	The design of new services and processes by the EMS Agency is based on customer expectations and priorities	5	4	3	2	1	DK
25.	The EMS Agency develops EMS policies based upon sound data.	5	4	3	2	1	DK
26.	The EMS Agency has specific and effective processes established for revision of policies, which involve local stakeholders and constituency groups.	5	4	3	2	1	

EMS SYSTEM RESULTS

Agree -----Disagree

27.	The EMS Agency carries out its EMS system responsibilities in an equitable and responsible manner.	5	4	3	2	1	
28.	Objective measures are used by the EMS Agency at least quarterly to evaluate and report the quality of patient care provided by the local EMS system.	5	4	3	2	1	DK
29.	The EMS Agency provides guidance and expertise to enable EMS service providers to conduct in their own QI efforts.	5	4	3	2	1	DK
30.	Objective measures are used to periodically evaluate and report the performance of the EMS agency.	5	4	3	2	1	DK
31.	Automated reports developed by this EMS agency are concise, effective, and easily used.	5	4	3	2	1	DK
32.	EMS system performance data reports include comparisons to other EMS systems (i.e., benchmarked to best standards)	5	4	3	2	1	DK
33.	This EMS agency is effective in moving from planning to implementation of projects.	5	4	3	2	1	DK

CUSTOMER SATISFACTION:

Agree -----Disagree

34.	As a customer of the EMS Agency, my organization is very satisfied with the EMS Agency's customer services. .	5	4	3	2	1	DK
35.	The EMS agency has effective methods in place to routinely identify the current needs and expectations of customers.	5	4	3	2	1	DK
36.	The EMS agency has effective mechanisms in place to facilitate the ease of daily customer contact, (e.g., rapidly returns calls, accessible, reasonable office hours, 1-800 #s, pagers for customer contact of personnel, web-sites, etc.)	5	4	3	2	1	DK
37.	This EMS agency responds quickly and effectively to problems brought to their attention.	5	4	3	2	1	DK

38.	Customers can depend on the EMS Agency to meet deadlines and fulfill commitments.	5	4	3	2	1	DK
39.	When customers submit legitimate complaints regarding the EMS agency, it makes constructive efforts to quickly make improvements that resolve the complaint to the customer's satisfaction.	5	4	3	2	1	DK
40.	The EMS Agency satisfactorily facilitates our organization's efforts to fulfill our mission.	5	4	3	2	1	

SUGGESTED IMPROVEMENTS:

41. Please list suggestions for EMS Agency improvement.

42. How would you improve this survey questionnaire?

California Local EMS Agency Constituency Group Survey Report

The next page shows a sample *Constituency Group Survey Report*, as it would appear on the EMSA web site. The report will include the following:

- ? The top section will show the number of respondents by: **county** (multi-county EMS agencies only), **organization**, **position title** and **level of interaction with the agency**.
- ? Following each question, the number of responses for each column (1-5) is provided
- ? The second to the last column will show the average response to the question.
- ? The last column will show the state average for LEMSAs that have already assessed. This column can be used for comparative analysis of the score of the local EMS agency against the state average for that question.

In addition to the report being available for viewing on the EMSA web site, each EMS Agency will receive their own survey data so they will be able to run additional queries. Some examples would be running query by:

- ? County (For multi-county agencies)
- ? Organization type
- ? Certification Level/Position
- ? Level of interaction with the LEMSA
- ? ETC.

California Local EMS Agency Constituency Group Survey Report

(Survey Date)

1. **Local EMS Agency being assessed:** Acme EMS Agency

2. **Total Number of Responses to survey:** n=64

a. **Number of Responses Per County:** NA

(For multi-county agencies only, list respondents per each county)

b. **Number of Responses Per Agency/Organization type and position title:**

(List organization type and number of respondents for each type)

\$	Local Governing Board	2	Administrator /Management	20
\$	County Administrative Office		Physician	4
\$	Health Department	3	RN /MICN	13
\$	Law Enforcement Agency		Paramedic	10
\$	Dispatch Center	6	EMT /First Responder	9
\$	Public Safety Agency	22	EMD	2
\$	Pvt Amb Service Provider	18	Other	6
\$	Emergency Department	13		
\$	Hospital Administration			
\$	Local Physician Group			
	Other			

3. **Number of Respondents who interact with the local EMS agency:**

?	Very Often	18
?	Occasionally	22
?	Very Seldom	24

LEADERSHIP

LEADERSHIP								Agency Avg.	State Avg. 7LEMSAS
Agree -----Disagree									
1.	EMS Agency staff is open to new ideas and suggestions for improvement.	5 (7)	4 (27)	3 (18)	2 (10)	1 (2)	DK (0)	3.42	3.01
2.	The EMS Agency provides strong leadership within the EMS community.	5	4	3	2	1	DK		
3.	The EMS agency has clearly defined mission, vision, and value statements, which serve as the basis for all agency activities.	5	4	3	2	1	DK		

(Example Report)

System Evaluation and Improvement
Vision Group

Appendix C

LOCAL EMS AGENCY CONSUMER / PUBLIC SURVEY

January 2002

INSTRUCTIONS

As part of the Local EMS Agency Assessment Process, the EMS Agency is conducting a survey to help identify areas of concern members of the community may have regarding their local EMS system. **The survey should be completed by members of the public who are not affiliated with the local EMS system.**

To fully complete the survey, you will need to:

(GIVE INSTRUCTIONS ON HOW TO ACCESS THE EMSA WEB SITE AND COMPLETE SURVEY.)

California
Local Emergency Medical Services Agency
Consumer/Public Survey

(Auto Date)

DEFINITION OF AN EMS SYSTEM: Your local *EMERGENCY MEDICAL SERVICES SYSTEM (EMS SYSTEM)* is the system that is activated when you dial 9-1-1 with a medical emergency or contact your local fire department or ambulance service for medical services. The system usually includes the 9-1-1 dispatch center, fire department first responders, ambulance services and the local hospital emergency departments.

To assist us in better meeting your individual needs, please provide the following information prior to completing the survey:

1. What county do you live in? ____ (Pull down menu) _____

2. What is your zip code? _____

3. What is your approximate household income?

Less than \$15,000 per year _____

\$15,000 to \$35,000 per year _____

\$35,000 to \$65,000 per year _____ (Pull down menu)

\$65,000 to \$100,000 per year _____

Over \$100,000 per year _____

4. What is your age? _____

5. What is your primary ethnic origin?

White _____

Black _____

Asian _____

Pacific Islander _____

Native American _____

Hispanic _____

Other _____

6. When is the last time you had first hand experience with the EMS system (See definition above) in the county in which you presently live?

I frequently use the EMS system _____

Within the past year _____

Within the past three years _____

Within the past five years _____ (Pull down menu)

More than five years ago _____

I have no experience with the local EMS system _____

This survey consists of a series of statements about which you are asked to indicate the extent to which you agree or disagree with each statement. Each statement is followed by a series of numbers ranging from 1 - 6. Following is an explanation of the ranking:

5	Strongly Agree
4	Agree
3	Neutral
2	Disagree
1	Strongly Disagree
DK	Don't Know / Does Not Apply

Please answer each statement below by entering the appropriate number that reflects the extent to which you agree with the statement. For example, if you neither agree nor disagree with a statement, or only partly agree or disagree with it, you should enter a “3 “(neutral). If you just don’t know the answer, or it does not apply to you, then enter a DK (don’t know). There are no right or wrong answers .

		Agree -----Disagree					
7.	If “911” is dialed, I believe the call will be answered quickly.	5	4	3	2	1	DK
8.	If “911” is dialed for a medical emergency where I live, I believe the person I speak with on the phone is able to provide medical instructions until help arrives.	5	4	3	2	1	DK
9.	If “911” is dialed for a medical emergency where I live, I believe help will arrive in a reasonable amount of time.	5	4	3	2	1	DK
10.	I believe the personnel that arrive for medical emergency calls are highly trained and competent.	5	4	3	2	1	DK
11.	I believe that the hospital(s) that I would be transported to for a medical emergency, provide excellent patient care services.	5	4	3	2	1	DK
12.	Overall, I would give our local EMS system (<i>see definition above</i>) a very high rating.	5	4	3	2	1	DK

System Evaluation and Improvement

Vision Group

Appendix D

***ANNUAL ORGANIZATIONAL AND FINANCIAL
REPORT OF
LOCAL EMS AGENCIES
IN CALIFORNIA***

January 2002

TABLE 1: EMS SYSTEM DEMOGRAPHICS & STRUCTURE (1993-94)

	LOCAL EMS SYSTEM DEMOGRAPHICS				LOCAL EMS AGENCY STRUCTURE				
AGENCY	POPULATION	SQUARE MILES	# OF COUNTIES	ANNUAL CODE 2&3 RESPONSES	TYPE *	ADMINISTRATOR REPORTS TO:	EMS AGENCY TOTAL FTEs	TOTAL ** EXPEND	PER CAPITA EXPEND
Alameda									
Contra Costa									
El Dorado									
Fresno									
ICEMA									
Imperial									
Kern									
Los Angeles									
Marin									
Mendocino									
Merced									
Monterey									
Mount-Valley									
Napa									
North Coast									
Nor Cal									
Orange									
Riverside									
Sacramento									
San Benito									
San Diego									

San Francisco									
San Joaquin									
	LOCAL EMS SYSTEM DEMOGRAPHICS				LOCAL EMS AGENCY STRUCTURE				
AGENCY	POPULATION	SQUARE MILES	# OF COUNTIES	ANNUAL CODE 2&3 RESPONSES	TYPE*	ADMINISTRATOR REPORTS TO:	EMS AGENCY TOTAL FTEs	TOTAL ** EXPEND	PER CAPITA EXPEND
San Luis Obispo									
San Mateo									
Santa Barbara									
Santa Clara									
Santa Cruz									
Sierra-Sac									
Solano									
Sonoma									
Tulare									
Ventura									

* HSA - Health Services Agency
PHD - Public Health Department
JPA - Joint Powers Agreement

** Total expenditures are based upon the total expected (budgeted) expenditures for the current fiscal year.

TABLE 2: LOCAL EMS SYSTEM RESOURCES

AGENCY	DISPATCH CENTERS (PSAPS)		FIRST RESPONSE PROVIDERS		GROUND AMB PROVIDERS		AIR AMB PROVIDERS (Locally Based) (2)	BASE HOSPITALS (3)	NON-BASE HOSPITALS (4)	EMT-Is (5)	EMT-IIs (5)	EMT-Ps (5)	MICNs (5)
	Primary	Secondary EMS	ALS	BLS	ALS	BLS							
Alameda													
Contra Costa													
El Dorado													
Fres/Kings/Mad													
ICEMA													
Imperial													
Kern													
Los Angeles													
Marin													
Mendocino													
Merced													
Monterey													
Mount-Valley													
Napa													
North Coast													
Nor Cal													
Orange													
Riverside													
Sacramento													

AGENCY	DISPATCH CENTERS		FIRST RESPONSE PROVIDERS		NUMBER OF AEDs (1)	GROUND AMB PROVIDERS		AIR AMB PROVIDERS (Locally Based) (2)	BASE HOSPITALS (3)	NON-BASE HOSPITALS (4)	EMT-Is (5)	EMT-IIs (5)	EMT-Ps (5)	MICNs (5)
	Primary	Secondary				ALS	BLS							
	PSAPs	EMS PSAPs	ALS	BLS										
San Benito														
San Diego														
San Francisco														
San Joaquin														
San Luis Obispo														
San Mateo														
Santa Barbara														
Santa Clara														
Santa Cruz														
Sierra-Sac														
Solano														
Sonoma														
Tulare														
Ventura														

- (1) Total number of AED machines (Public and Private) approved for public usage within the local EMS system
- (2) List only the number of Air Ambulance Service Providers based within your jurisdiction
- (3) Include any non-hospital base stations
- (4) Include all hospital receiving facilities that are not designated as base hospitals
- (5) List number of locally accredited / authorized / certified personnel

**TABLE 3: NON-REQUIRED FUNCTIONS PERFORMED
BY LOCAL EMS AGENCIES (1993-94)**

AGENCY	Non-Required Functions															EMS Agency Sponsored Training								
	EOAs	TRMA	PED	CCC	TRNS	AMBO	AMBC	DISP	DIS	CISD	DMAT	FUND	CBOX	COM	AMB	CPR	1st RESP	EMS DIS	EMT-D	EMT-I	EMT UPGRD	EMT-P	MICN	OTH4R
ALAMEDA																								
CONTRA COSTA																								
EL DORADO																								
FRESNO																								
IMPERIAL																								
ICEMA																								
KERN																								
MARIN																								
MENDOCINO																								
MERCED																								
MONTEREY																								
MOUNT-VALLEY																								
NAPA																								
NORTH COAST																								
NOR CAL																								
ORANGE																								
RIVERSIDE																								
SACRAMENTO																								
SAN BENITO																								
SAN DIEGO																								
SAN FRANCISCO																								
SAN JOAQUIN																								
SAN LUIS OBISPO																								
SAN MATEO																								
SANTA BARBARA																								

SANTA CLARA																												
SANTA CRUZ																												
AGENCY	Non-Required Functions															EMS Agency Sponsored Training												
	EOAs	TRMA	PED	CCC	TRNS	AMBO	AMBC	DISP	DIS	CISD	DMAT	FUND	CBOX	COM	AMB	CPR	1st RESP	EMS DIS	EMT-D	EMT-I	EMT UPGRD	EMT-P	MICN	OTH4R				
SIERRA-SAC																												
SOLANO																												
SONOMA																												
TULARE																												

EOAs	Implementation of exclusive operating areas (ambulance franchising)
TRMA	Designation of trauma centers/trauma care system planning
PED	Designation/Approval of pediatric facilities
CCC	Designation of other critical care centers
TRNS	Development of transfer agreements
AMBO	Enforcement of local ambulance ordinance
AMBC	Enforcement of ambulance service contracts
DISP	Operation of oversight of EMS dispatch center
DIS	Non-medical disaster planning
CISD	Administration of critical incident stress debriefing (CISC) team
DMAT	Administration of disaster medical assistance team (DMAT)
FUND	Administration of EMS Fund (SB12/612)
CBOX	Call box program and medical equipment acquisition
COM	Operation of medical communications system
AMB	Operation of ambulance service
CPR	Cardio-Pulmonary Resuscitation
1st RESP	First Responder Training
EMS DISP	EMS Dispatcher Training
EMT-I	EMT-I Training
EMT-D	EMT Defibrillation (AED)
EMT UPGRD	EMT II to Paramedic up-grade
EMT-P	EMT Paramedic Training Program
MICN	Mobile Intensive Nurse / Authorized RN Training

TABLE 4: FEES CHARGED BY LOCAL EMS AGENCIES

AGENCY	FIRST RESP CERT	EMS DSP CERT	EMT-I CERT	EMT-I RECER	EMT-D CERT	EMT-D RECER	EMT-II CERT	EMT-II RECER	EMT-P ACCREDIT	MICN AUTH	MICN RE- AUTH	EMT-I PROG. APPRV	EMT-II PROG. APPRV	EMT-P PROG. APPRV	MICN PROG. APPRV	BASE HOSP APPRV	BASE HOSP DESIG	TRAUMA CENTER APPLIC	TRAUMA CENTER DESIG	PEDS FAC. APPRV	AMB SERV LIC.	AMB PERMIT	OTHER FEES
Alameda																							
Contra Costa																							
El Dorado																							
Fresno																							
ICEMA																							
Imperial																							
Kern																							
Marin																							
Mendocino																							
Merced																							
Monterey																							
Mountain- Valley																							
Napa																							
North Coast																							
Nor Cal																							
Orange																							
Riverside																							
Sacramento																							
San Benito																							
San Diego																							

AGENCY																							
San Francisco																							
San Joaquin																							
San Luis Obispo																							
San Mateo																							
Santa Barbara																							
Santa Clara																							
Santa Cruz																							
Sierra-Sac																							
Solano																							
Sonoma																							
Tulare																							

TABLE 5: EMS AGENCY ANNUAL EXPENSES (1993-94) *

AGENCY	SALARIES	CONTRACT SERVICES	OPERATIONS	TRAVEL	FIXED ASSETS	INDIRECT EXPENSES	AMBULANCE SUBSIDY	EMS FUND	DISPATCH CENTER	TRAIN PROGRAM	OTHER	TOTAL EXPENSES
Alameda												
Contra Costa												
El Dorado												
Fresno												
ICEMA												
Imperial												
Kern												
Marin												
Mendocino												
Merced												
Monterey												
Mountain-Valley												
Napa												
North Coast												
Nor Cal												
Orange												
Riverside												
Sacramento												
San Benito												
San Diego												

AGENCY	SALARIES	CONTRACT SERVICES	OPERATIONS	TRAVEL	FIXED ASSETS	INDIRECT EXPENSES	AMBULANCE SUBSIDY	EMS FUND	DISPATCH CENTER	TRAIN PROGRAM	OTHER	TOTAL EXPENSES
San Francisco												
San Joaquin												
San Luis Obispo												
San Mateo												
Santa Barbara												
Santa Clara												
Santa Cruz												
Sierra-Sac												
Solano*												
Sonoma												
Tulare												
TOTALS												

*BASED UPON FISCAL YEAR BUDGET

SALARIES Salaries and Benefits (all but contract personnel)
 CONTRACT SERVICES Contract services (e.g. medical director)
 OPERATIONS Operations (e.g. copying, postage, facilities)
 TRAVEL Travel
 FIXED ASSETS Fixed assets

INDIRECT EXPENSES
 AMBULANCE SUBSIDY
 EMS FUND
 DISPATCH CENTER
 TRAIN PROGRAM
 OTHER

Indirect expenses (overhead)
 Ambulance Subsidy
 EMS Fund payments to physicians/hospitals
 Dispatch Center operations (non-staff)
 training program operations (non-staff)
 Other expenses

TABLE 7: EMS AGENCY ANNUAL REVENUES

AGENCY	CNTY GEN FUND	OTHER LOCAL FUNDS	CNTY CNTRCT	STATE GENERAL FUND	SPECIAL PROJECT GRANTS	EMS FUND	CEET FEES	TRAINING APPRVL	BASE HOSPITAL APPLIC	BASE HOSPITAL DESIG	TRAUMA APPLIC	TRAUMA DESIG	AMB FEE	TRAINING PROGRAM REVENUES	OTHER	TOTAL
Alameda																
Contra Costa																
El Dorado																
Fresno																
ICEMA																
Imperial																
Kern																
Marin																
Mendocino																
Merced																
Monterey																
Mountain-Valley																
Napa																
North Coast																
Nor Cal																
Orange																
Riverside																
Sacramento																
San Benito																
San Diego																
San Francisco																
San Joaquin																

AGENCY	CNTY GEN FUND	OTHER LOCAL FUNDS	CNTY CNTRCT	STATE GENERAL FUND	SPECIAL PROJECT GRANTS	EMS FUND	CEET FEES	TRAINING APPRVL	BASE HOSPITAL APPLIC	BASE HOSPITAL DESIG	TRAUMA APPLIC	TRAUMA DESIG	AMB FEE	TRAINING PROGRAM REVENUES	OTHER	TOTAL
San Luis Obispo																
San Mateo																
Santa Barbara																
Santa Clara																
Santa Cruz																
Sierra-Sac																
Solano																
Sonoma																
Tulare																

CNTY GEN FUND	County General Fund
OTHER LOCAL FUNDS	Other local tax funds (e.g. EMS district)
CNTY CONTRACT	County Contracts
STATE GENERAL FUND	State General Fund
SPECIAL PROJECT GRANTS	Special lproject grant (s) from State EMSA
EMS FUND	EMS Fund (SB 12/612)
CERT FEES	Certification fees
TRAINING APPROVAL	Training program approval fees
BASE HOSP APPLIC	Base Hospital application fees
BASE HOSP DESIG	Base Hospital designation fees
TRAUMA APPLIC	Trauma center application fees
TRAUMA DESIG	Trauma center designation fees
AMB FEE	Ambulance service/vehicle fees
TRAINING PROGRAM REVENUES	Training program tuition/ADA/other payments
OTHER	See next page

System Evaluation and Improvement
Vision Group

Appendix E

EMS SYSTEM / PLAN APPRAISAL

January 2002

	Minimum Standards				Recommended Standards				Comments
	Meets Min. Standards		Does Not Meet Minimum. Standards		Meets Rec. Standards		Does Not Meet Rec. Standards		
	Requires no Update	Requires Update	Low Priority	Requires Development	Requires no Update	Requires Update	Low Priority	Requires Development	
AGENCY ADMINISTRATION									
1.01 LEMSA Structure									
1.02 LEMSA Mission									
1.03 Public Input									
1.04 Medical Director									
PLANNING ACTIVITIES									
1.05 System Plan									
1.06 Annual Plan Update									
1.07 Trauma Planning									
1.08 ALS Planning									
1.09 Inventory of Resources									
1.10 Special Populations									
1.11 System Participants									
REGULATORY ACTIVITIES									
1.12 Review & Monitoring									
1.13 Coordination									
1.14 Policy & Procedures Manual									
1.15 Compliance w/Policies									

	Minimum Standards				Recommended Standards				Comments
	Meets Min. Standards		Does Not Meet Minimum. Standards		Meets Rec. Standards		Does Not Meet Rec. Standards		
	Requires no Update	Requires Update	Low Priority	Requires Development	Requires no Update	Requires Update	Low Priority	Requires Development	
SYSTEM FINANCES									
1.16 Funding Mechanism									
MEDICAL DIRECTION									
1.17 Medical Direction									
1.18 QI / QI									
1.19 Policies, Procedures, Protocols									
1.20 DNR Policy									
1.21 Determination of Death									
1.22 Reporting of Abuse									
1.23 Interfacility Transfer									
ENHANCED LEVEL: ADVANCED LIFE SUPPORT									
1.24 ALS Systems									
1.25 On-Line Medical Direction									
ENHANCED LEVEL: TRAUMA CARE SYSTEM									
1.26 Trauma System Plan									
ENHANCED LEVEL: PEDIATRIC EMERGENCY MEDICAL & CRITICAL CARE SYSTEM									
1.27 Pediatric System Plan									
ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS									
1.28 EOA Plan									

	Minimum Standards				Recommended Standards				Comments
	Meets Min. Standards		Does Not Meet Minimum. Standards		Meets Rec. Standards		Does Not Meet Rec. Standards		
	Requires no Update	Requires Update	Low Priority	Requires Development	Requires no Update	Requires Update	Low Priority	Requires Development	
LOCAL EMS AGENCY									
2.01 Assessment of Needs									
2.02 Approval of Training									
2.03 Personnel									
DISPATCHERS									
2.04 Dispatch Training									
FIRST RESPONDERS (Non-Transporting)									
2.05 First Responder Training									
2.06 Response									
2.07 Medical Control									
TRANSPORTING PERSONNEL									
2.08 EMT-I Training									
HOSPITAL									
2.09 CPR Training									
2.10 Advanced Life Support									
ENHANCED LEVEL: ADVANCED LIFE SUPPORT									
2.11 Accreditation Process									
2.12 Early Defibrillation									
2.13 Base Hospital Personnel									

	Minimum Standards				Recommended Standards				Comments
	Meets Min. Standards		Does Not Meet Minimum. Standards		Meets Rec. Standards		Does Not Meet Rec. Standards		
	Requires no Update	Requires Update	Low Priority	Requires Development	Requires no Update	Requires Update	Low Priority	Requires Development	
COMMUNICATIONS EQUIPMENT									
3.01 Communication Plan									
3.02 Radios									
3.03 Interfacility Transfer									
3.04 Dispatch Center									
3.05 Hospitals									
3.06 MCI/Disasters									
PUBLIC ACCESS									
3.07 9-1-1 Planning/Coordination									
3.08 9-1-1 Public Education									
RESOURCE MANAGEMENT									
3.09 Dispatch Triage									
3.10 Integrated Dispatch									
UNIVERSAL LEVEL									
4.01 Service Area Boundaries									
4.02 Monitoring									
4.03 Classifying Medical Requests									
4.04 Prescheduled Responses									
4.05 Response Time Standards									
4.06 Staffing									
4.07 First Responder Agencies									

	Minimum Standards				Recommended Standards				Comments
	Meets Min. Standards		Does Not Meet Minimum. Standards		Meets Rec. Standards		Does Not Meet Rec. Standards		
	Requires no Update	Requires Update	Low Priority	Requires Development	Requires no Update	Requires Update	Low Priority	Requires Development	
4.08 Medical & Rescue Aircraft									
4.09 Air Dispatch Center									
4.10 Aircraft Availability									
4.11 Specialty Vehicles									
4.12 Disaster Response									
4.13 Intercounty Response									
4.14 Incident Command System									
4.15 MCI Plans									
ENHANCED LEVEL: ADVANCED LIFE SUPPORT									
4.16 ALS Staffing									
4.17 ALS Equipment									
ENHANCED LEVEL: AMBULANCE REGULATION									
4.18 Compliance									
ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS									
4.19 Transportation Plan									
4.20 AGrandfathering@									
4.21 Compliance									
4.22 Evaluation									
UNIVERSAL LEVEL									

5.01 Assessment of Capabilities									
---------------------------------	--	--	--	--	--	--	--	--	--

	Minimum Standards				Recommended Standards				Comments
	Meets Min. Standards		Does Not Meet Minimum. Standards		Meets Rec. Standards		Does Not Meet Rec. Standards		
	Requires no Update	Requires Update	Low Priority	Requires Development	Requires no Update	Requires Update	Low Priority	Requires Development	
5.02 Triage & Transfer Protocols									
5.03 Transfer Guidelines									
5.04 Specialty Care Facilities									
5.05 Mass Casualty Management									
5.06 Hospital Evacuation									
ENHANCED LEVEL: ADVANCED LIFE SUPPORT									
5.07 Base Hospital Designation									
ENHANCED LEVEL: TRAUMA CARE SYSTEM									
5.08 Trauma System Design									
5.09 Public Input									
ENHANCED LEVEL: PEDIATRIC EMERGENCY MEDICAL & CRITICAL CARE SYSTEM									
5.10 Pediatric System Design									
5.11 Emergency Departments									
5.12 Public Input									
ENHANCED LEVEL: OTHER SPECIALTY CARE SYSTEMS									
5.13 Specialty System Design									
5.14 Public Input									

	Minimum Standards				Recommended Standards				Comments
	Meets Min. Standards		Does Not Meet Minimum. Standards		Meets Rec. Standards		Does Not Meet Rec. Standards		
	Requires no Update	Requires Update	Low Priority	Requires Development	Requires no Update	Requires Update	Low Priority	Requires Development	
UNIVERSAL LEVEL									
6.01 QA/QI Program									
6.02 Prehospital Records									
6.03 Prehospital Care Audits									
6.04 Medical Dispatch									
6.05 Data Management System									
6.06 System Design Evaluation									
6.07 Provider Participation									
6.08 Reporting									
ENHANCED LEVEL: TRAUMA CARE SYSTEM									
6.09 ALS Audit									
ENHANCED LEVEL: TRAUMA CARE SYSTEM									
6.10 Trauma System Evaluation									
6.11 Trauma Center Data									
UNIVERSAL LEVEL									
7.01 Public Information Materials									
7.02 Injury Control									
7.03 Disaster Preparedness									
7.04 First Aid & CPR Training									

	Minimum Standards				Recommended Standards				Comments
	Meets Min. Standards		Does Not Meet Minimum. Standards		Meets Rec. Standards		Does Not Meet Rec. Standards		
	Requires no Update	Requires Update	Low Priority	Requires Development	Requires no Update	Requires Update	Low Priority	Requires Development	
UNIVERSAL LEVEL									
8.01 Disaster Medical Planning									
8.02 Response Plans									
8.03 HazMat Training									
8.04 Incident Command System									
8.05 Distribution of Casualties									
8.06 Needs Assessment									
8.07 Disaster Communications									
8.08 Inventory of Resources									
8.09 DMAT Teams									
8.10 Mutual Aid Agreements									
8.11 CCP Designation									
8.12 Establishment of CCPs									
8.13 Disaster Medical Training									
8.14 Hospital Plans									
8.15 Interhospital Communications									
8.16 Prehospital Agency Plans									
ENHANCED LEVEL: ADVANCE D LIFE SUPPORT									
8.17 ALS Policies									

	Minimum Standards				Recommended Standards				Comments
	Meets Min. Standards		Does Not Meet Minimum. Standards		Meets Rec. Standards		Does Not Meet Rec. Standards		
	Requires no Update	Requires Update	Low Priority	Requires Development	Requires no Update	Requires Update	Low Priority	Requires Development	
ENHANCED LEVEL: SPECIALTY CARE SYSTEMS									
8.18 Specialty Center Roles									
ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS/AMBULANCE REGULATIONS									
8.19 Waiving Exclusivity									

System Evaluation and Improvement
Vision Group

Appendix F

SAMPLE PRELIMINARY REPORT

(Preliminary Local EMS Agency Assessment Summary Form)

January 2002

NOTE: The Preliminary Local EMS Agency Assessment Summary Form will be developed following the first field test of the assessment instruments.

System Evaluation and Improvement
Vision Group

Appendix G

SAMPLE FINAL REPORT

(The Final Local EMS Agency Assessment Report Form)

January 2002

NOTE: The Final Local EMS Agency Assessment Report Form will be developed following the first field test of the assessment instruments.